

FORM
2A
NPDES**NPDES FORM 2A APPLICATION OVERVIEW****APPLICATION OVERVIEW**

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

BASIC APPLICATION INFORMATION:

- A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.
- B. **Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.
- C. **Certification.** All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

- D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
 - 1. Has a design flow rate greater than or equal to 1 mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to provide the information.
- E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):
 - 1. Has a design flow rate greater than or equal to 1 mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
 - 1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
 - 2. Any other industrial user that:
 - a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
 - b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
 - c. Is designated as an SIU by the control authority.
- G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

FACILITY NAME AND PERMIT NUMBER:

Presidential Lakes WWTP VA0086720

Form Approved 1/14/99
OMB Number 2040-0086**BASIC APPLICATION INFORMATION****PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:**

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name Presidential Lakes

Mailing Address 2414 Granite Ridge Road Rockville, VA 23146

Contact person Luther Ghorley

Title Area Manager

Telephone number (804) 240-9650

Facility Address Carter Lane, King George, VA 22485
(not P.O. Box)

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name Aqua Presidential, Inc.

Mailing Address 2414 Granite Ridge Road Rockville, VA 23146

Contact person Brad Campbell

Title Compliance Coordinator

Telephone number (804) 971-2502

Is the applicant the owner or operator (or both) of the treatment works?

☒ owner ☒ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☐ facility ☒ applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES VA0086720, VAN020109 (Nutrient GP) PSD _____

UIC _____ Other _____

RCRA _____ Other _____

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

| Name | Population Served | Type of Collection System | Ownership |
|------------------------------------|-------------------|---------------------------|--------------------------------|
| <u>Presidential Lakes</u> | <u>725</u> | <u>Seperate</u> | <u>Aqua Presidential, Inc.</u> |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| Total population served <u>725</u> | | | |

Form Approved 1/14/99
OMB Number 2040-0086

Form Approved 1/14/99
OMB Number 2040-0086

A.5. Indian Country.

- a. Is the treatment works located in Indian Country?
 _____ Yes ✓ No
- b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?
 _____ Yes ✓ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

- | | | | |
|-----------------------------------|----------------------|------------------|------------------|
| a. Design flow rate | <u>0.070</u> mgd | | |
| | <u>Two Years Ago</u> | <u>Last Year</u> | <u>This Year</u> |
| b. Annual average daily flow rate | <u>N/A</u> | <u>0.048</u> | <u>0.056</u> mgd |
| c. Maximum daily flow rate | <u>N/A</u> | <u>0.080</u> | <u>0.090</u> mgd |

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

- | | | | |
|-------------|-----------------------------------|------------|---|
| <u>✓</u> | Separate sanitary sewer | <u>100</u> | % |
| <u> </u> | Combined storm and sanitary sewer | | % |

A.8. Discharges and Other Disposal Methods.

- a. Does the treatment works discharge effluent to waters of the U.S.? ☒ Yes ☐ No
- If yes, list how many of each of the following types of discharge points the treatment works uses:
- i. Discharges of treated effluent 1
- ii. Discharges of untreated or partially treated effluent 0
- iii. Combined sewer overflow points 0
- iv. Constructed emergency overflows (prior to the headworks) 0
- v. Other 0
- b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? ☐ Yes ☒ No
- If yes, provide the following for each surface impoundment:
- Location: _____
- Annual average daily volume discharged to surface impoundment(s) _____ mgd
- Is discharge _____ continuous or _____ intermittent?
- c. Does the treatment works land-apply treated wastewater? ☐ Yes ☒ No
- If yes, provide the following for each land application site:
- Location: _____
- Number of acres: _____
- Annual average daily volume applied to site: _____ Mgd
- Is land application _____ continuous or _____ intermittent?
- d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? ☐ Yes ☒ No

FACILITY NAME AND PERMIT NUMBER:

Presidential Lakes WWTP VA0086720

Form Approved 1/14/99
OMB Number 2040-0086

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

Sludge is hauled to Massaponax WWTP where it is pressed and de-watered, then transported to Livingston Compost

If transport is by a party other than the applicant, provide:

Transporter name: Joe Wheeler's Septic Tank Service

Mailing Address: 13005 Grant Court, Spotsylvania VA 22551

Contact person: Joe Wheeler

Title: Sludge Hauler

Telephone number: (540) 840-1399

For each treatment works that receives this discharge, provide the following:

Name: Massaponax WWTP

Mailing Address: 10900 HCC Drive, Fredricksburg VA 22408

Contact person: Doug Crooks

Title: Division Director of Waste Water Treatment Facilities

Telephone number: (540) 840-0192

If known, provide the NPDES permit number of the treatment works that receives this discharge.

VPDES: VA0025658

Provide the average daily flow rate from the treatment works into the receiving facility.

0.052 mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)?

☐ Yes

☒ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method:

Is disposal through this method ☐ continuous or ☐ intermittent?

FACILITY NAME AND PERMIT NUMBER:

Presidential Lakes WWTP VA0086720

Form Approved 1/14/99
OMB Number 2040-0086

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

- a. Outfall number 001
- b. Location N/A 22485
(City or town, if applicable) (Zip Code)
King George VA
(County) (State)
38.290556 77.246389
(Latitude) (Longitude)
- c. Distance from shore (if applicable) N/A ft.
- d. Depth below surface (if applicable) N/A ft.
- e. Average daily flow rate 0.052 mgd
- f. Does this outfall have either an intermittent or a periodic discharge?
 Yes ✓ No (go to A.9.g.)
- If yes, provide the following information:
- Number of times per year discharge occurs:
- Average duration of each discharge:
- Average flow per discharge: mgd
- Months in which discharge occurs:
- g. Is outfall equipped with a diffuser? Yes ✓ No

A.10. Description of Receiving Waters.

- a. Name of receiving water Popcastle Creek
- b. Name of watershed (if known) Rappahannock
- United States Soil Conservation Service 14-digit watershed code (if known): Unknown
- c. Name of State Management/River Basin (if known): Rappahannock
- United States Geological Survey 8-digit hydrologic cataloging unit code (if known): 02070011
- d. Critical low flow of receiving stream (if applicable):
acute N/A cfs chronic N/A cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): N/A mg/l of CaCO₃

FACILITY NAME AND PERMIT NUMBER:

Presidential Lakes WWTP VA0086720

Form Approved 1/14/99
OMB Number 2040-0086

A.11. Description of Treatment.

- a. What levels of treatment are provided? Check all that apply.



Primary



Secondary



Advanced



Other. Describe:

Removal rates below apply to new plant @ 0.7mgd

- b. Indicate the following removal rates (as applicable):

Design BOD₅ removal or Design CBOD₅ removal

96 %

Design SS removal

96 %

Design P removal

94 %

Design N removal

93 %

Other _____

%

- c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

Ultraviolet Disinfection System

If disinfection is by chlorination, is dechlorination used for this outfall?

☐ Yes☒ No

- d. Does the treatment plant have post aeration?

☒ Yes☐ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

| PARAMETER | MAXIMUM DAILY VALUE | | AVERAGE DAILY VALUE | | |
|----------------------|---------------------|-------|---------------------|-------|-------------------|
| | Value | Units | Value | Units | Number of Samples |
| pH (Minimum) | 6.7 | s.u. | | | |
| pH (Maximum) | 7.9 | s.u. | | | |
| Flow Rate | NL | | 0.052 | mgd | Continuous |
| Temperature (Winter) | NL | | NA | NA | NA |
| Temperature (Summer) | NL | | NA | NA | NA |

* For pH please report a minimum and a maximum daily value

| POLLUTANT | MAXIMUM DAILY DISCHARGE | | AVERAGE DAILY DISCHARGE | | | ANALYTICAL METHOD | ML / MDL |
|-----------|-------------------------|-------|-------------------------|-------|-------------------|-------------------|----------|
| | Conc. | Units | Conc. | Units | Number of Samples | | |

CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.

| | | | | | | | | |
|----------------------------------------|--------|-------|-----------|-------|-------|-----|--------------|-------------|
| BIOCHEMICAL OXYGEN DEMAND (Report one) | BOD-5 | 64 | mg/L | 17.73 | mg/L | 49 | SM 5210B | 2 mg/L |
| | CBOD-5 | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| FECAL COLIFORM <i>E. coli</i> | | <2420 | mpn/100ml | 103 | N/CML | 104 | Colilert MPN | 1 MPN/100mL |
| TOTAL SUSPENDED SOLIDS (TSS) | | 66 | mg/L | 16.27 | mg/L | 49 | SM 2540D | 2 mg/L |

END OF PART A.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

Presidential Lakes WWTP VA0086720

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.
_____ ~2500 gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

Force main collection system with customer grinder pumps. Inspections and repairs performed as needed.

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

- The area surrounding the treatment plant, including all unit processes.
- The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
- Each well where wastewater from the treatment plant is injected underground.
- Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.
- Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
- If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ____ Yes ☒ No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

Telephone Number: _____

Responsibilities of Contractor: _____

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

- List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

Outfall 001

- Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

☒ Yes ____ No

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99
OMB Number 2040-0086

Presidential Lakes WWTP VA0086720

- c. If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

Once construction of new plant is complete, the WWTP will move to the 0.07mgd flow tier.

- d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

| Implementation Stage | Schedule MM / DD / YYYY | Actual Completion MM / DD / YYYY |
|----------------------------|----------------------------|-------------------------------------|
| – Begin construction | <u>01 / 29 / 2015</u> | <u>09 / 05 / 2014</u> |
| – End construction | <u>10 / 31 / 2015</u> | <u>- / - / -</u> |
| – Begin discharge | <u>12 / 15 / 2015</u> | <u>- / - / -</u> |
| – Attain operational level | <u>03 / 14 / 2016</u> | <u>- / - / -</u> |

- e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ☒ Yes ☐ No

Describe briefly: All required permits have been obtained to this point.

B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: 001

| POLLUTANT | MAXIMUM DAILY DISCHARGE | | AVERAGE DAILY DISCHARGE | | | ANALYTICAL METHOD | ML / MDL |
|---------------------------------------------|-------------------------|-------|-------------------------|-------|-------------------|-------------------|-----------|
| | Conc. | Units | Conc. | Units | Number of Samples | | |
| CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS. | | | | | | | |
| AMMONIA (as N) | 39.3 | mg/L | 8.50 | mg/L | 49 | EPA350.1 Rev.2 | 0.40 mg/L |
| CHLORINE (TOTAL RESIDUAL, TRC) | N/A | N/A | N/A | N/A | N/A | | |
| DISSOLVED OXYGEN | 12.1 | mg/L | 9.24 | mg/L | 350 | 4500-O G. | 0.1 mg/L |
| TOTAL KJELDAHL NITROGEN (TKN) | 35.2 | mg/L | 11.09 | mg/L | 49 | EPA351.2 Rev.2 | 0.1 mg/L |
| NITRATE PLUS NITRITE NITROGEN | N/A | N/A | N/A | N/A | N/A | | |
| OIL and GREASE | N/A | N/A | N/A | N/A | N/A | | |
| PHOSPHORUS (Total) | 6.75 | mg/L | 3.41 | mg/L | 20 | SM4500-P | 0.01 mg/L |
| TOTAL DISSOLVED SOLIDS (TDS) | N/A | N/A | N/A | N/A | N/A | | |
| OTHER | | | | | | | |

END OF PART B.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

Presidential Lakes WWTP VA0086720

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:



Basic Application Information packet

Supplemental Application Information packet:

☐ Part D (Expanded Effluent Testing Data)

☐ Part E (Toxicity Testing: Biomonitoring Data)

☐ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

☐ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Brad Campbell / Compliance Coordinator Aqua Virginia

Signature



Telephone number (804) 971-2502

Date signed 08/04/2015

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

VPDES PERMIT APPLICATION ADDENDUM

1. Entity to whom the permit is to be issued: Aqua Presidential, Inc.
Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.

2. Is this facility located within city or town boundaries? Yes ☐ No ☒

3. Please provide the tax map parcel number for the land where the discharge is located: 14B-1-334

4. For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities? Aqua expects all new construction to be complete by end of September 2015.

5. What is the design average flow of this facility in million gallons per day (MGD)? 0.07 MGD

For industrial facilities, provide the maximum 30-day average production level, include units:

6. In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Yes ☐ No ☒

If yes, please identify the other flow tiers in MGD: _____

Please consider the following as you answer the questions in #5 above for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?

7. Nature of operations generating wastewater: General residential domestic

100 % of flow from domestic connections/sources

Number of private residences to be served by the treatment works: 290

0 % of flow from non-domestic connections/sources

8. Mode of discharge: X Continuous ☐ Intermittent ☐ Seasonal

Describe frequency and duration of intermittent and seasonal discharges: _____

9. Identify the characteristics of the receiving stream at the point just above the facility's discharge point(s):

| Stream Characteristic | Outfall Number | | | | | |
|-----------------------------------------------------|----------------|--|--|--|--|--|
| | 001 | | | | | |
| Permanent stream, never dry | | | | | | |
| Intermittent stream, usually flowing, sometimes dry | X | | | | | |
| Ephemeral stream, wet-weather flow, often dry | | | | | | |
| Effluent-dependent stream, usually or always dry | | | | | | |
| Lake or pond <u>at or below discharge point</u> | | | | | | |
| Other: | | | | | | |

10. Approval date(s), if applicable:

O & M Manual 12/5/2011

Sludge/Solids Management Plan N/A

Have there been changes in your operation or procedures since the above approval dates? ☒ Yes ☐ No

- 11. Privately Owned Treatment Works:** If this application is for a privately owned treatment works serving, or designed to serve, 50 or more residences, you must include with your application notification from the State Corporation Commission that you are incorporated in the Commonwealth and verification from the SCC that you are in compliance with all regulations and relevant orders of the State Corporation Commission. Incorporated also includes Limited Liability Companies (LLCs), Limited Partnerships (LPs) and certificates of authority.

- 12. Please provide a list of Materials stored at the facility. Please complete the table below or attach another page if more room is necessary.**

| Material Storage | | |
|-----------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------|
| Materials Description | Volume Stored | Spill/Stormwater Prevention Measures |
| Acetic Acid | 220 gal. (4-55 gal drums) | All chemicals are contained within a building that has a concrete floor and drains that lead back to the head of the WWTP. |
| Caustic | 220 gal. (4-55 gal drums) | |
| Magnesium Hydroxide | 220 gal. (4-55 gal drums) | |
| Delpac 2000 | 220 gal. (4-55 gal drums) | |
| | | |

- 13. Please provide the name and email addresses for personnel who will be involved with the reissuance of the VPDES permit:**

| Name | Title | E-mail Address |
|----------------|------------------------|----------------------------------------------------------------------------|
| Brad Campbell | Compliance Coordinator | BACampbell@aquaamerica.com |
| Luther Ghorley | Area Manager | LSGhorley@aquaamerica.com |
| Robert Warner | Facility Operator I | RPWarner@aquaamerica.com |
| Ram Natarajan | Manager of Operations | RNatarajan@aquaamerica.com |
| | | |

14. Consent to receive Electronic Mail

The Department of Environmental Quality (DEQ) may deliver permits and certifications (this includes permit issuances, reissuances, modifications, revocation and reissuances, terminations and denials) to recipients, including applicants or permittees, by electronically certified mail where the recipients notify DEQ of their consent to receive mail electronically (§ 10.1-1183). Check *only one* of the following to consent to or decline receipt of electronic mail from DEQ as follows:

- ☒ Applicant or permittee agrees to receive by electronic mail the permit that may be issued for the proposed pollutant management activity, and to certify receipt of such electronic mail when requested by the DEQ.

If yes, provide email: BACampbell@aquaamerica.com

- ☐ Applicant or permittee declines to receive by electronic mail the permit that may be issued for the proposed pollutant management activity.



President of the United States Geological Survey
 North American Division at 1922 President
 The Michigan State Survey at 1924 (in 1925) President and
 1926 member of the National Academy of Sciences, June 22
 1927 and 1928, Michigan Commission on Geology at 1928 (approx-
 imate), Michigan Geological Survey at 1928

Name: [redacted] DOB: [redacted] Age: 2009
 Address: [redacted] City: [redacted] State: [redacted]
 Phone: [redacted] Email: [redacted]
 Service: [redacted] Date: [redacted]
 Signature: [redacted] Date: [redacted]

U.S. MARINE CORPS
OFFICE OF THE CHIEF OF STAFF



SCALE 1:24 000

$$A_{12} = \frac{1}{2} \left(\frac{1}{A_1} + \frac{1}{A_2} \right) \quad \text{for } A_1 = A_2 = A \quad \Rightarrow \quad A_{12} = \frac{1}{2} \left(\frac{1}{A} + \frac{1}{A} \right) = \frac{1}{A}$$

$$A_{12} = \frac{1}{2} \left(\frac{1}{A_1} + \frac{1}{A_2} \right) \quad \text{for } A_1 = A_2 = A \quad \Rightarrow \quad A_{12} = \frac{1}{2} \left(\frac{1}{A} + \frac{1}{A} \right) = \frac{1}{A}$$

CONTAIN INTERNAL TO FIFTY
NORTH AND SOUTH VERTICAL DIAMETER OF 25.5

This map was produced in Southern Africa (South Africa)
of the LITHO Type Product Standard
in accordance with the standard (the product) of the standard of 25.5

ROD CLASSIFICATION

DEPARTMENT OF THE ARMY
 FORM 100-10 (Rev. 1-1-60)
 NAME: [Redacted] GRADE: [Redacted]
 [Redacted] [Redacted] [Redacted] [Redacted]

PASSAPATANZY, V.A. MD
2012



GENERAL BACKGROUND

PRESIDENTIAL LAKES WWTP

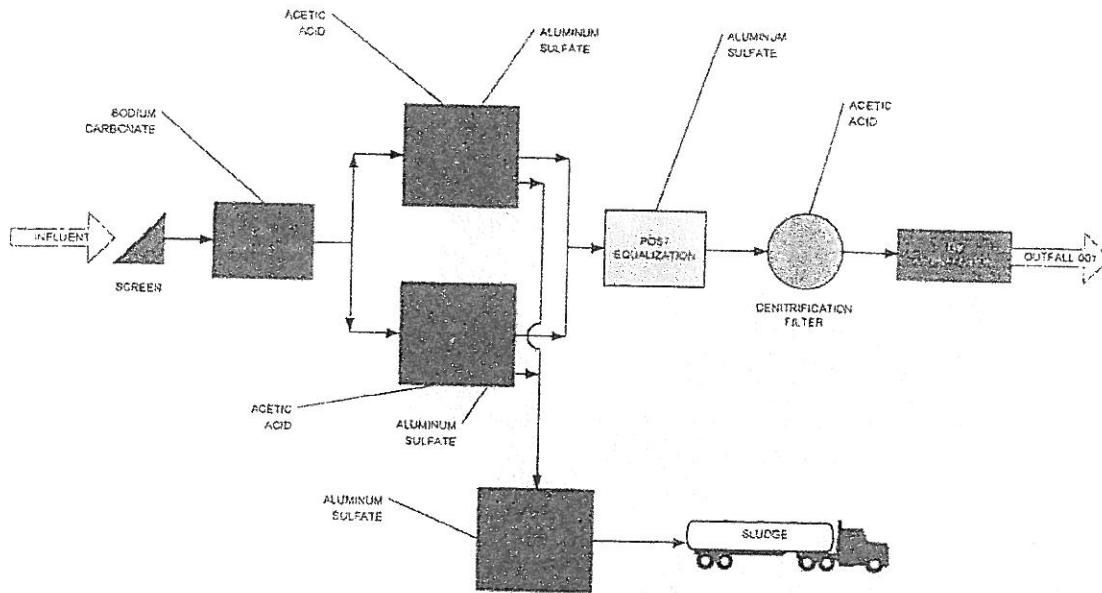
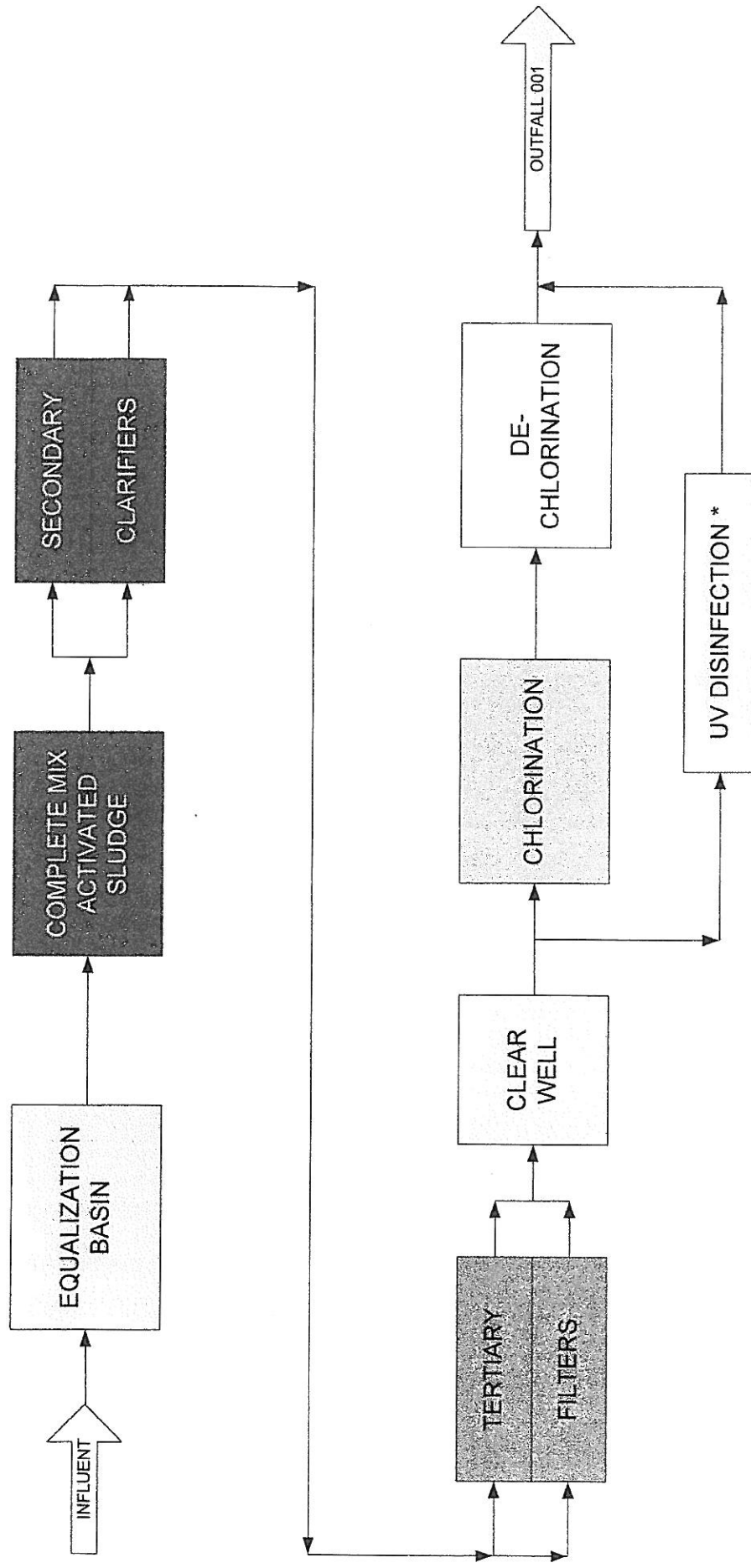


FIGURE 1



* PRIMARY MEANS OF DISINFECTION

B.3 PROCESS FLOW DIAGRAM
EXISTING PLANT
PRESIDENTIAL LAKES, SECTION 14 WWTP



Consulting Engineers & Environmental Scientists

June 11, 2014

Department of Environmental Quality
Office of Stormwater Management, 10th Floor
P.O. Box 1105
Richmond, Virginia 23218

Re: General Permit for Discharges of Stormwater from Construction Activities
Presidential Lakes Wastewater Treatment Plant

To Whom It May Concern:

Enclosed for your use is the registration statement for the General Permit for Discharges from Construction Activities VAR – 10. The first registration statement applies to the site under the current regulations. The site is the Presidential Lakes Wastewater Treatment Plant located on Carter Drive in King George County. The \$200.00 fee for this registration has been submitted under separate cover to the Department of Environmental Quality (Receipts Control).

Also enclosed is the registration statement for the General VPDES permit for Discharges for Stormwater for Construction Activities, a renewal for the site. The \$290.00 fee for the renewal of this permit has also been submitted under separate cover to the Department of Environmental Quality

Copies of both checks along with the fee forms are enclosed for your information. If you have any questions concerning the registration forms or the renewal of the registration for the site, please don't hesitate to contact me at (804) 334-2592.

Sincerely,

Kreye Blankenship, Inc.

A handwritten signature in black ink, appearing to read 'W C Kreye', is written over the printed name.

William C. Kreye, PhD., P.E.
President

Enclosures

cc: Clifton L. Parker, P.E.

General Permit for Discharges of Stormwater from Construction Activities (VAR10)
Registration Statement

(Please Type or Print All Information)

1. Construction Activity Operator (The permit will be issued to this operator, and the Certification in Item #13 must be signed by the appropriate person associated with this operator [see the instructions]):
Name: Clifton L. Parker, IV
Mailing Address: 2414 Granite Ridge Road
City: Rockville State: VA Zip: 23146 Phone: (804) 749-8868
Email address (if available): CLParkerIV@AquaAmerica.com
Indicate if DEQ may transmit the permit electronically: Yes ☒ No ☐
2. (Must be included for renewals of coverage only) Existing Permit Coverage #: _____
3. Location of Construction Activity:
Name: Presidential Lakes Wastewater Treatment Plant
Address: Carter Drive
City: King George State: Virginia Zip: 22485
County: King George
DMS to the nearest 15 seconds: Latitude N38d18'0" Longitude W77d14'30"
Location of all Offsite Support Activities to be Covered Under the Permit:
Name: None
Address: _____
City: _____ State: _____ Zip: _____
County: _____
If street address unavailable: Latitude _____ Longitude _____
4. Status of Activity: Federal ☐ State ☐ Public ☐ Private ☒ (Check one only)
5. The Nature of the Construction Activity (e.g., commercial, industrial, residential, agricultural, oil and gas, etc.):
Improvements to Wastewater treatment plant required by regulations
6. Name of the Receiving Water(s): Dirt Bridge Run
Hydrologic Unit Code (HUC): 02070011 PL61
(Receiving waters identified as impaired on the 2008 305(b)/303(d) Water Quality Assessment Integrated Report or for which a TMDL WLA has been established for stormwater discharges from a construction site shall be noted in an attached list.)
7. If the discharge is through a Municipal Separate Storm Sewer System (MS4), the name of the municipal operator of the storm sewer: None
8. Estimated Project Start Date (mm/dd/yyyy): June 20, 2014
Estimated Project Completion Date (mm/dd/yyyy): September 30, 2014
9. Total Land Area of Development (to the nearest one-tenth acre): 1.53 Ac
Estimated Area to be Disturbed (to the nearest one-tenth acre): 0.4 Ac
10. Is the area to be disturbed by the construction activity part of a larger common plan of development or sale? Yes ☐ No ☒
11. Are nutrient offsets intended to be acquired for this activity? Yes ☐ No ☒ Under consideration ☐
12. A stormwater pollution prevention plan (SWPPP) must be prepared in accordance with the requirements of the General Permit for Discharges of Stormwater from Construction Activities prior to submitting this Registration Statement. By signing this Registration Statement the operator is certifying that the SWPPP has been prepared.
13. Certification: "I certify under penalty of law that I have read and understand this Registration Statement and that this document and all attachments were prepared in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations."
- Print Name: Clifton L. Parker, IV Title: D. Redden Corp Dev
Signature: _____ Date: 6-11-2014
(Please sign in INK. The person signing this form must be associated with the operator identified in Item #1 above.)
- Mail to: Department of Environmental Quality, Office of Stormwater Management, 10th Floor, P.O. Box 1105, Richmond, VA 23218

DEPARTMENT OF ENVIRONMENTAL QUALITY
CONSTRUCTION ACTIVITY OPERATOR PERMIT FEE FORM

(Please Type or Print All Information)

Instructions: Applicants for a Construction Activity Individual Permit are required to pay permit application fees. Fees are also required for registration for coverage under a Construction Activity General Permit. Fees must be paid when applications for state permit issuance or modification are submitted. Applications will be considered incomplete if the proper fee is not paid and will not be processed until the fee is received.

The fee schedule for state permits is included with this form. Fees for state permit issuance, reissuance, modification, maintenance, and reinspection are included. Once you have determined the fee for the type of application you are submitting, complete this form. The original copy of the form and your check or money order payable to "Treasurer of Virginia" should be mailed to:

Department of Environmental Quality
Receipts Control
P.O. Box 1104
Richmond, VA 23218

A copy of this form and a copy of your check or money order should accompany the permit application (or registration statement). You should retain a copy for your records.

Construction Activity Operator:

Name: Aqua Virginia Clifton L. Parker, P.E. FIN: _____
Mailing Address: 2414 Granit Ridge Road
City: Rockville State: VA Zip: 23146
Phone: 804-749-8868

Name and Location Construction Activity:

Name: Presidential Lakes WWTP
City: King George State: VA Zip: 22485
County: King George

Type of State Permit: ☐ Construction Activity Individual Permit ☒ Construction Activity General Permit
(from Fee Schedule)

Type of Action: ☒ New Issuance ☐ Reissuance ☐ Modification
☐ Maintenance ☐ Reinspection

Amount of Fee Submitted (from Fee Schedule): \$ 200

Existing Permit Number (if applicable): _____

FOR DEQ USE ONLY

Date: _____
DC #: _____

Registration Statement
General VPDES Permit for Discharges of Stormwater from Construction Activities (VAR10)

(Please Type or Print All Information)

1. **Construction Activity Operator:** (General permit coverage will be issued to this operator. The Certification in Item #12 must be signed by the appropriate person associated with this operator.)

Name: Aqua Virginia

Contact: Clifton L. Parker, IV

Mailing Address: 2414 Granite Ridge Road

City: Rockville State: VA Zip: 23146 Phone: 804-749-8868

Email address (if available): CLParkerIV@AquaAmerica.com

Indicate if DEQ may transmit general permit correspondence electronically: Yes ☒ No ☐

2. **Existing General Permit Registration Number (for renewals only):** Pending

3. **Name and Location of the Construction Activity:**

Name: Presidential Lakes Wastewater treatment Plant

Address (if available): Carter Drive

City: King George State: VA Zip: 22485

County (if not located within a City): King George

Latitude (decimal degrees): N38d18'0" Longitude (decimal degrees): W77d14'30"

Name and Location of all Off-site Support Activities to be covered under the general permit:

Name: None

Address (if available): _____

City: _____ State: _____ Zip: _____

County (if not located within a City): _____

Latitude (decimal degrees): _____ Longitude (decimal degrees): _____

4. **Status of the Construction Activity (check only one):** Federal ☐ State ☐ Public ☐ Private ☒

5. **Nature of the Construction Activity (e.g., commercial, industrial, residential, agricultural, oil and gas, etc.):**
Improvements to WWTP required by regulation

6. **Name of the Receiving Water(s) and Hydrologic Unit Code (HUC):**

Name: Dirt Bridge Run

Name: _____

HUC: 02070011

HUC: _____

7. **If the discharge is through a Municipal Separate Storm Sewer System (MS4), the name of the MS4 operator:**
None

8. **Estimated Project Start and Completion Date:**

Start Date (mm/dd/yyyy): June 20, 2014

Completion Date (mm/dd/yyyy): September 2014

9. **Total Land Area of Development (to the nearest one-hundredth acre):** 1.53 Ac

Estimated Area to be Disturbed (to the nearest one-hundredth acre): 0.4 Ac

10. **Is the area to be disturbed part of a larger common plan of development or sale?** Yes ☐ No ☒

11. **A stormwater pollution prevention plan (SWPPP) must be prepared in accordance with the requirements of the General VPDES Permit for Discharges of Stormwater from Construction Activities prior to submitting this Registration Statement. By signing this Registration Statement the operator is certifying that the SWPPP has been prepared.**

12. **Certification:** "I certify under penalty of law that I have read and understand this Registration Statement and that this document and all attachments were prepared in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations."

Printed Name: Clifton L. Parker, IV

Title: Director, Corp. Dev.

Signature: _____

Date: 6-11-2014

(Please sign in INK. This Certification must be signed by the appropriate person associated with the operator identified in Item #1.)

**DEPARTMENT OF ENVIRONMENTAL QUALITY
CONSTRUCTION ACTIVITY OPERATOR PERMIT FEE FORM**

(Please Type or Print All Information)

Instructions: Applicants for a Construction Activity Individual Permit are required to pay permit application fees. Fees are also required for registration for coverage under a Construction Activity General Permit. Fees must be paid when applications for state permit issuance, reissuance, modification or transfer are submitted. Applications will be considered incomplete if the proper fee is not paid and will not be processed until the fee is received.

The fee schedule for state permits is included with this form. Fees for state permit issuance, reissuance, maintenance, modification and transfer are included. Once you have determined the fee for the type of application you are submitting, complete this form. The original copy of the form and your check or money order payable to "Treasurer of Virginia" should be mailed to:

Department of Environmental Quality
Receipts Control
P.O. Box 1104
Richmond, VA 23218

A copy of this form and a copy of your check or money order should accompany the permit application (or registration statement). You should retain a copy for your records.

Construction Activity Operator:

Name: Aqua Virginia

Contact: Clifton Parker, IV

Mailing Address: 2414 Granite Ridge Road

City: Rockville State: VA Zip: 23146 Phone: 804-749-8868

Email address (if available): CLParkerIV@AquaAmerica.com

Name and Location of the Construction Activity:

Name: Presidential Lakes Wastewater Treatment Plant

City: King George State: VA Zip: 22485

County: King George

Type of State Permit: ☐ Construction Activity Individual Permit ☒ Construction Activity General Permit
(from Fee Schedule)

Type of Action: ☐ New Issuance ☒ Reissuance ☐ Maintenance
☐ Modification ☐ Transfer

Amount of Fee Submitted (from Fee Schedule): \$ 290

Existing General Permit Registration Number (if applicable): Pending

| | |
|------------------|-------|
| FOR DEQ USE ONLY | |
| Date: | DC #: |

Presidential Lake Flow Projections

Current Plant Flows:

The current plant flow is approximately 60,000 gpd matching the 70,000 gpd flow tier to maintain 95% permit compliance. There are approximately 300 customers, 900 people (population) with 3 people per residence, in this system which equates to a reasonable 200 gpcd.

Plant Description:

The Presidential Lakes Wastewater Treatment Facility is a biological facility that includes nutrient removal. The facility is designed to treat a maximum design flow of 0.2 MGD. The treatment facility discharges to Popcastle Creek, which is located in the Rappahannock River Basin. A simplified block flow diagram for the Presidential Lakes Wastewater Treatment Facility in the attached package. This flow diagram is provided to supplement the narrative description of the treatment process unit operations, which follows.

The facility is equipped with a mechanical screen to protect downstream pumps and equipment. The wastewater is then directed to the pre-equalization basin. The equalization basin performs two major functions. The first is to equalize flow so that the subsequent treatment units can be fed at a uniform rate. The second function is to blend the various waste contaminants to ensure a uniform feed concentration to the biological system. Following equalization, the forward flow is then directed to the biological treatment processes. The SBR system represents a variation of the activated sludge process. Rather than having a separate aeration basin and clarifier (with return activated sludge), typical for most activated sludge processes, the SBR system acts as an aeration basin and clarifier within a single reactor. The termination of flow and aeration during the treatment process provides quiescent settling conditions in the reactor, permitting fine particles to settle.

Aluminum sulfate (alum) will be metered into the SBR system to chemically remove reactive phosphorus. Supplemental alkalinity (sodium carbonate) will be fed to the SBR system on a flow proportional basis. Acetic acid can also be added to the SBR system, during the "React Fill" or "React Phases" as an additional carbon source for denitrification and to the denitrification filters. All chemical feed systems can be manually adjusted to control the rate of feed. The discharge from the SBR basins is often four to five times the rated hydraulic capacity of the plant. To minimize the size of subsequent treatment units, a post equalization basin is provided. The forward flow from the post equalization basin, which also provides aeration, is directed to the denitrification filters (acetic acid) and UV disinfection system. An existing pump station directs the treated wastewater to Popcastle Creek.

County of Spotsylvania
Founded 1721

Board of Supervisors
GREG CEBULA
ANN L. HEIDIG
TIMOTHY J. McLAUGHLIN
DAVID ROSS
GARY F. SKINNER
PAUL D. TRAMPE
CHRIS YAKABOUSKI



Director of Utilities/Public Works
EDWARD PETROVITCH

600 HUDGINS RD
FREDERICKSBURG, VIRGINIA 22408-4147
OFFICE: (540) 507-7300
FAX: (540) 898-3674

Service, Integrity, Pride

March 23, 2015

Mr. Bradley A. Campbell
Aqua Virginia Inc.
2414 Granit Ridge Rd.
Rockville, Va. 23146

RE: Presidential Lakes WWTF

Dear Mr. Campbell:

Please be advised that the firm of Aqua Virginia, Inc. has been granted authorization to dispose of the liquid biosolids generated by the Presidential Lakes WWTF into the Spotsylvania County's Massaponax WWTF.

Should you have any questions, please do not hesitate to contact me at 540-507-7362 or at dcrooks@spotsylvania.va.us.

Sincerely,

Douglas J. Crooks
Division Director of Wastewater Treatment Facilities

Cc: file

VPDES Sewage Sludge Permit Application for Permit Reissuance

Instructions

WHO MUST SUBMIT THE APPLICATION - All facilities with a current VPDES Permit that authorizes the discharge of treated sewage wastewater that are applying for reissuance must complete and submit this application.

Part 1 is general information to be provided by all facilities.

Part 2 must be completed by all facilities that generate Class A or Class B biosolids that are land applied.

Part 3 must be completed by all facilities that land apply Class B biosolids.

Part 1 - Sludge Disposal Management (To be completed by all facilities)

Facility Name: Presidential Lakes WWTP

VPDES Permit No: VA0086720

1. Shipment Off Site for Treatment or Blending

Is sewage sludge from your facility sent to another facility that provides treatment or blending?

☒ Yes ☐ No

If you send sewage sludge to more than one facility, attach additional sheets as necessary.

Shipment off site is: ☒ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Receiving Facility Name

Massaponax WWTP

b. Receiving Facility VPDES Permit No.

VA0025658

c. Include an acceptance letter from the Receiving Facility.

d. Receiving Facility's ultimate disposal method for sewage sludge Press/dewater then send to Livingston Landfill for composting

2. Disposal in a Municipal Solid Waste Landfill

Is sewage sludge from your facility placed in a municipal solid waste landfill?

☐ Yes ☒ No

If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.

Landfilling is: ☐ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Landfill Name

b. Landfill Permit No.

c. Include an acceptance letter from the landfill.

3. Incineration

Is sewage sludge from your facility fired in a sewage sludge incinerator?

☐ Yes ☒ No

Incineration is: ☐ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?

☐ Yes ☐ No

If yes, provide the Air Registration No. _____

If no, complete items b - d for each incinerator that you do not own or operate.

b. Facility Name

c. Air Registration No.

d. Include an acceptance letter from the Incinerator.

4. Class A Biosolids

Do you produce Class A biosolids for land application or distribution and marketing? If yes, complete Part 2.

☐ Yes ☒ No

Are Class A biosolids from your facility land applied in bulk?

☐ Yes ☐ No

Do you sell or give away Class A biosolids in a bag or other container for application to the land? If yes, provide the VDACS certification number? _____

☐ Yes ☐ No

5. Class B Biosolids

Do you produce Class B biosolids? If yes, complete Part 2.

☐ Yes ☒ No

Are Class B biosolids from your facility land applied under the authorization of this VPDES Permit? If yes, complete Part 3.

☐ Yes ☐ No

6. Land Application Under a Separate Permit

Are biosolids from your facility land applied under the authorization of a permit other than your VPDES Permit?

☐ Yes ☒ No

Biosolids are land applied under the authorization of a ☐ VPA permit ☐ Another VPDES Permit ☐ Out of State

Complete items a - c for each VPA permit authorized to land apply biosolids from your facility.

a. Permittee Name

b. Permit No.

c. Include copy of any information you provide to the Receiving VPDES or VPA Permittee to comply with the "notice and necessary information" requirement of 9VAC25-31-530 F.

VPDES Sewage Sludge Permit Application for Permit Reissuance

Part 2 - Biosolids Characterization (To be completed by all facilities that generate biosolids that are land applied.)

1. Have there been changes to sludge treatment processes or storage facilities since the previous permit issuance/reissuance? ☐ Yes ☐ No
2. Do the biosolids generated under this permit that will be land applied meet one of the Class A pathogen requirements in 9VAC25-31-710 A 3 through A 8 or Class B pathogen requirements in 9VAC25-31-710 B 1 through B 4? ☐ Yes ☐ No
Identify the pathogen reduction option utilized to demonstrate compliance with the pathogen reductions requirements and provide the data that demonstrate compliance with the applicable alternative.
3. Do the biosolids generated under this permit that will be land applied meet one of the vector attraction reduction requirements in 9VAC25-31-720 B 1 through B 10? ☐ Yes ☐ No
Identify the vector attraction reduction option utilized to demonstrate compliance with the vector attraction reductions requirements and provide the data that demonstrate compliance with the applicable alternative.
4. Do the biosolids to be land applied meet the ceiling/pollutant concentrations in 9VAC25-31-540 B? ☐ Yes ☐ No
5. Has data from the most recent 3 samples for pH (S.U.), Percent Solids (%), Ammonium Nitrogen (mg/kg), Nitrate Nitrogen (mg/kg), Total Kjeldahl Nitrogen (mg/kg), Total Phosphorus (mg/kg), Total Potassium (mg/kg), Alkalinity as CaCO₃ (mg/kg), Arsenic (mg/kg), Cadmium (mg/kg), Copper (mg/kg), Lead (mg/kg), Mercury (mg/kg), Nickel (mg/kg), Selenium (mg/kg), Zinc (mg/kg) been submitted to DEQ? The samples shall be no more than 4½ years old and each sampling date shall be at least 1 month apart. ☐ Yes ☐ No
If no, provide the data with this application.

Part 3 - Land Application of Class B Biosolids (To be completed by all facilities that land apply Class B biosolids.)

1. Provide to DEQ and to each locality in which biosolids are to be land applied, written evidence of financial responsibility. Evidence of financial responsibility shall be provided in accordance with 9VAC25-31-100 P 9.
2. For each site, provide a properly completed landowner agreement for each landowner, using the most current Land Application Agreement - Biosolids Form (VPDES Sewage Sludge Permit Application Form - Attachment to Section C).
3. Are any new land application fields proposed at this reissuance? ☐ Yes ☐ No
If yes, contact the DEQ Regional Office for additional submittal requirements.
4. For the currently permitted land application fields, are the previously submitted site booklets, maps and acreage accurate. ☐ Yes ☐ No
If no, contact the DEQ Regional Office for additional submittal requirements.
5. Does the facility's Biosolids Management Plan on file with DEQ include the following minimum information? ☐ Yes ☐ No
 - a. An odor control plan that addresses the abatement of odors resulting from the storage and/or land application of biosolids.
 - b. A description of the transport vehicles to be used.
 - c. Procedures for biosolids offloading at the land application site including spill prevention, cleanup (including vehicle cleaning), field reclamation, and emergency notification and cleanup measures.
 - d. A description of the land application equipment including procedures for calibrating equipment to ensure uniform distribution and appropriate loading rates.
 - e. Procedures used to ensure that land application activities address notification requirements, signage requirements, slope restrictions, operation limitations during periods of inclement weather, soil pH requirements, buffer zone requirements, and site restrictions.
 - f. Any other information necessary to ensure compliance with the requirements of the Biosolids Program of the VPDES Permit Regulation (9VAC25-31-420 through 720).

Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and Official Title Luther Ghorley

Signature 

Telephone number / Email (804) 240-9650 / LSGhorley@aquaaamerica.com

Date signed 3-20-15

(Based on a review of this information, it may be necessary to submit additional information to meet other legal or technical review requirements.)

PUBLIC NOTICE BILLING INFORMATION

I hereby authorize the Virginia Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in accordance with 9VAC25-31-290.C.2.

Agent/Department to be billed: Luther Ghorley, Area Manager

Owner: Aqua Presidential, Inc.

Applicant's Address: 2414 Granite Ridge Road

Rockville, VA 23146

Agent's Telephone Number: 804-749-8868 ext. 54415

Authorizing Agent:


Signature

VPDES Permit No. VA0086720
Presidential Lakes

Please return to:

Anna Westernik
VA-DEQ, NRO
13901 Crown Court
Woodbridge, VA 22193-1453
Fax: 703-583-3837

WOODS ROGERS ^{P L C}
ATTORNEYS AT LAW

ANTHONY GAMBARDELLA
(804) 343-5022
gambardella@woodsrogers.com

August 7, 2013

VIA ELECTRONIC FILING

The Honorable Joel H. Peck
Clerk
State Corporation Commission
Document Control Center
1300 East Main Street, First Floor
Richmond, Virginia 23218

Re: Joint Petition of Aqua Presidential, Inc., et.al and Presidential Service
Company, Tier II, Inc., Case No. PUE-2013-00081

Dear Mr. Peck:

Please accept for filing in this docket the enclosed correspondence sent to the State
Corporation Commission Staff on August 6, 2013.

Sincerely,


Anthony Gambardella

cc: Mr. Robert F. Sartelle
Glenn P. Richardson, Esq.
Bryan D. Stogdale, Esq.

WOODS ROGERS ^{P L C}
ATTORNEYS AT LAW

ANTHONY GAMBARDELLA
804-343-5022
gambardella@woodsrogers.com

August 6, 2013

VIA ELECTRONIC MAIL AND U.S.MAIL

Mr. Robert F. Sartelle
Division of Utility Accounting & Finance
State Corporation Commission
1300 East Main Street, Fourth Floor
Richmond, Virginia 23218

Re: Joint Petition of Aqua Presidential, Inc., et.al and Presidential Service
Company, Tier II, Inc.

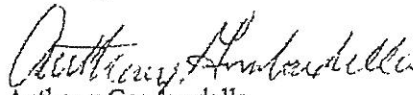
Dear Mr. Sartelle:

This letter will confirm our telephone conversation of July 29, 2013 concerning the Joint Petition of Aqua Presidential, Inc. and Presidential Service Company, Tier II, Inc. for Approval of a Transfer of Utility Assets. As we discussed, Aqua Presidential, Inc. is the designee of Aqua Virginia, Inc. under the Asset Purchase Agreements attached to the Joint Petition. It is the intent of the Joint Petition that Aqua Presidential, Inc. receive the transfer of assets directly from Presidential Service Company, Tier II, Inc. References in the Joint Petition to "Aqua" should be read to mean Aqua Presidential, Inc.

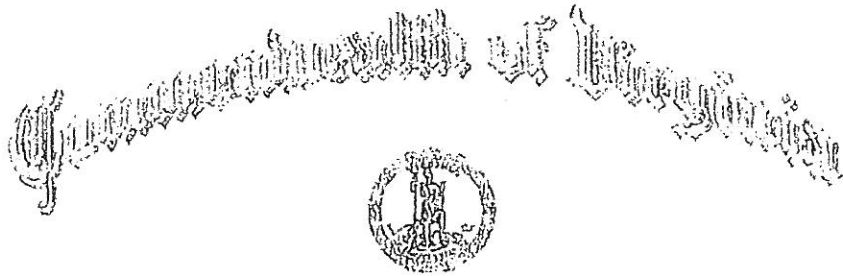
Aqua Presidential, Inc. is a Virginia stock corporation, wholly-owned by Aqua Virginia, Inc. A copy of the charter of Aqua Presidential, Inc. is attached for your reference. A modification to the Aqua Presidential, Inc. articles of incorporation is planned for filing tomorrow to state its purpose as a public service corporation.

Our letter transmitting the Joint Petition inadvertently referred to Aqua Virginia, Inc. rather than Aqua Presidential, Inc. The Joint Petition language controls over the transmittal letter, and we apologize for any confusion on that score.

Sincerely,


Anthony Gambardella

cc: Bryan D. Stogdale, Esq.



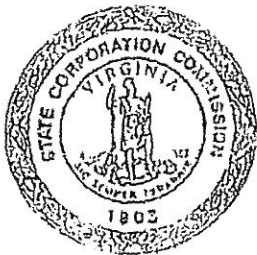
STATE CORPORATION COMMISSION

Richmond, July 22, 2013

This is to certify that the certificate of incorporation of

Aqua Presidential, Inc.

*was this day issued and admitted to record in this office and that
the said corporation is authorized to transact its business subject
to all Virginia laws applicable to the corporation and its business.
Effective date: July 22, 2013*



State Corporation Commission

Attest:

Joel H. Hask
Clerk of the Commission



SOC616
(9/01/1)

COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

ARTICLES OF INCORPORATION
OF A VIRGINIA STOCK CORPORATION

The undersigned, pursuant to Chapter 9 of Title 13.1 of the Code of Virginia, state(s) as follows:

1. The name of the corporation is

Aqua Presidential, Inc.

2. The number of shares authorized to be issued by the corporation is 1,000.

3. A. The name of the corporation's initial registered agent is

Corporation Service Company ✓

- B. The initial registered agent is (mark appropriate box):

- (1) ☐ an individual who is a resident of Virginia and
an initial director of the corporation.
a member of the Virginia State Bar.

- (2) ☒ OR
a domestic or foreign stock or nonstock corporation, limited liability company or
registered limited liability partnership authorized to transact business in Virginia.

4. A. The corporation's initial registered office address, including the street and number, if any, which
is identical to the business office of the initial registered agent, is

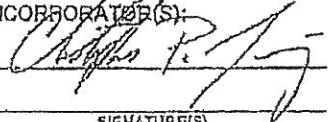
Bank of America Center, 16th Floor, 1111 East Main Street Richmond, VA 23219
(number/street) (city or town) (zip)

- B. The registered office is located in the ☐ county or ☒ city of Richmond.

5. The initial directors are:

| NAME(S) | ADDRESS(ES) |
|------------------------------|--------------------------------------------------|
| <u>Nicholas DeBenedictis</u> | <u>762 W. Lancaster Ave, Bryn Mawr, PA 19010</u> |
| <u></u> | <u></u> |
| <u></u> | <u></u> |
| <u></u> | <u></u> |
| <u></u> | <u></u> |

6. INCORPORATOR(S):

| | |
|--------------------------------------------------------------------------------------------|------------------------------|
| <u></u> | <u>Christopher P. Luning</u> |
| SIGNATURE(S) | PRINTED NAME(S) |

Telephone number (optional): 610-845-1124

PRIVACY ADVISORY: Information such as social security number, date of birth, maiden name, or financial institution account numbers is NOT required to be included in business entity documents filed with the Office of the Clerk of the Commission. Any information provided on these documents is subject to public

SEE INSTRUCTIONS ON THE REVERSE

COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

AT RICHMOND, JULY 22, 2013

The State Corporation Commission has found the accompanying articles submitted on behalf of
Aqua Presidential, Inc.

to comply with the requirements of law, and confirms payment of all required fees. Therefore, it
is ORDERED that this

CERTIFICATE OF INCORPORATION

be issued and admitted to record with the articles of incorporation in the Office of the Clerk of
the Commission, effective July 22, 2013.

The corporation is granted the authority conferred on it by law in accordance with the articles,
subject to the conditions and restrictions imposed by law.

STATE CORPORATION COMMISSION

By



James C. Dimitri
Commissioner

CORPACPT
CIS0368
13-07-19-1226

Commonwealth of Virginia

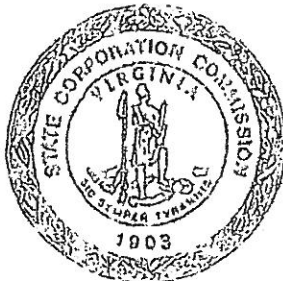


State Corporation Commission

I Certify the Following from the Records of the Commission:

The foregoing is a true copy of all documents constituting the charter of Aqua Presidential, Inc.
on file in the Clerk's Office of the Commission.

Nothing more is hereby certified.



*Signed and Sealed at Richmond on this Date:
July 23, 2013*

Joel H. Peck

Joel H. Peck, Clerk of the Commission